

Tanglewood Care Services Limited

Hunters Creek Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hunters Creek is a residential care home providing personal and nursing care to up to 91 people. The service predominately provides support to older people some of who are living with dementia. At the time of our inspection there were 81 people using the service.

People's experience of using this service and what we found

Safeguarding notifications were not always sent to the Local Authority's safeguarding team and CQC. However, staff received safeguarding training and knew how to whistle-blow if they had concerns. Checks and documentation to ensure people's skin pressure related risks were mitigated needed improvement. There was inconsistency in the quality of information held on staff files. Staff carried out safety checks to ensure the environment was safe and fit for purpose. Medicines were managed safely by the provider.

Care plans varied in quality. There was a risk some care plans lacked detail about people's communication needs. Records indicated people were not always offered enough to drink. However, the food served was of good quality, people's dietary needs were well documented, and people were offered a choice in what they ate. Staff received an induction, training and support with their professional development. The service was well decorated and had accessible signage for people living with dementia.

Relatives we spoke with raised concerns about the support people received with personal care. However, during our inspection, we observed staff treating people kindly and respectfully.

People had access to regular activities. Visitors were welcome and we saw visits taking place throughout our inspection. There were systems in place to improve care based on concerns and complaints.

Systems and processes to ensure care plans contained accurate and up to date information to promote people's health, safety and wellbeing needed improving. The provider had not made CQC aware of some allegations of abuse. Some relatives felt the registered manager was not visible but were confident in raising concerns with the registered manager and other staff if needed. The service facilitated resident and staff meetings. There was evidence the provider worked in partnership with others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 7 October 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 5 September 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Hunters Creek Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hunters Creek is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hunters Creek is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the information we had received about the provider before our inspection.

During the inspection

We spoke with five people who used the service. We observed people and their interactions with staff and each other. We spoke with 10 relatives about their experience of the care provided.

We spoke with 17 staff during our inspection including housekeeping staff, kitchen staff, care assistants, senior care assistants, the administrator, the assistant manager, the deputy manager, the registered manager, regional managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of care records. This included seven care records. We looked at five staff files in relation to recruitment practices. We reviewed various records relating to the management of the service including health and safety checks and incidents and accidents.

We also contacted staff who were not on duty on the day of our inspection, they provided feedback via telephone and email about their experiences. We reviewed further records in relation to the management of the service remotely. This included meeting minutes, compliments and complaints and staff scheduling.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always inform the local authority and CQC of safeguarding concerns. Records showed altercations between people had led to injury and the provider did not report this to the safeguarding team. The registered manager did not follow the provider's internal safeguarding policies and procedures and instead logged safeguarding concerns for review by a local authority contract monitoring officer when they next visited. This meant local safeguarding teams were not always aware of incidents to decide on how they should be investigated.

The provider did not ensure that people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to whistleblowing information. The provider had made information available to staff in communal areas about reporting whistleblowing concerns.
- Staff told us they received safeguarding training and knew how to report safeguarding concerns. The training records we reviewed confirmed this.

Assessing risk, safety monitoring and management

- During our inspection, we found five people had incorrectly set pressure relieving mattresses. People's weight determined mattress settings. The deputy manager told us senior staff were responsible for checking mattresses were correctly set for people; however, there was no documented evidence of this. This meant people were at increased risk of developing pressure ulcers.
- Records showed people didn't always receive timely support to be repositioned. People are repositioned to help alleviate pressure and prevent skin from breaking down, leading to pressure ulcers. However, records showed people were not consistently repositioned in timeframes specified in care plans. We made the registered manager aware of this. As a result, they were able to provide assurances from other records showing people had been repositioned due to being supported with meals or receiving personal care.
- There was an inconsistent approach to recording information relating to risk management. For example, we found one person did not have a slide sheet noted in their moving and positioning plan (this is a piece of equipment to help to move people safely), but it was mentioned in their skincare plan. In addition, where people needed support with anxiety, care plans did not always refer to these anxieties or how they should support people to keep safe.
- Agency staff did not have a documented induction to the service. Before our inspection, we were notified of an incident where someone was significantly injured. The provider's investigation showed this was following receiving support from agency staff. We reviewed the provider's arrangements regarding the

induction of agency staff. There were no systems to confirm agency staff had understood people's needs and care plans. This put people at risk of receiving unsafe care and support.

Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's health. This placed people at risk of receiving unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to ensure the environment was safe. For example, records confirmed that the staff regularly completed fire safety, wheelchair checks, and water safety checks.
- The provider had systems to ensure equipment used, such as hoists, were serviced according to manufacturers' requirements.

Staffing and recruitment

- Employment references from long standing staff members did not always come from verified sources. Records showed some staff had provided personal references about suitability for their roles rather than professional references from previous employers. This meant processes around obtaining references may not have effectively supported the provider in making informed decisions about staff suitability.
- Before starting employment, the provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Some staff we spoke with felt there were sometimes not enough staff on duty. They told us shifts could be difficult at these times, resulting in people not being repositioned according to their assessed needs.
- We saw enough staff on duty to meet people's needs during our inspection. In addition, we reviewed staff scheduling records which showed the service was consistently staffed in line with the provider's dependency assessments. The registered manager told us it could be challenging to cover short notice absence, but they would mitigate this by members of the management team covering any staffing shortfalls themselves.

Preventing and controlling infection

- We observed some staff not wearing face masks properly throughout our inspection by not ensuring face masks covered their mouths and noses. This was not in line with local and national guidance and could increase the risk of infectious outbreaks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their relatives without restrictions, we observed visits taking place throughout our inspection.

Learning lessons when things go wrong

- The provider had systems in place to enable learning from incidents and accidents. Incident and accident recordings were completed electronically and reviewed by the registered manager and the provider. The

provider documented where they had updated care plans following incidents and accidents.

- There were systems to communicate with staff effectively about incidents and accidents, lessons learnt, and actions taken. The registered manager showed us how they communicated this information to staff using a secure mobile messaging platform.

Using medicines safely

- People received their medicines safely. Staff told us they received training to give people medicines and records confirmed this. Furthermore, the registered manager showed us evidence staff had their competencies regularly assessed to give people medicines. A person also told us that staff gave them pain relieving medicines when required.
- People's medicines were stored safely and in line with manufacturer's instructions. Medicines were kept in lockable cupboards and trolleys within locked rooms.
- Recording systems relating to medicines were safe. For example, the provider used an electronic medicines administration record. This helped to prevent medicines errors such as repeat administration. In addition, there was information on this system outlining people's allergies and how to support people who needed "as required" medicines, such as medicines used for pain management.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a risk people may not always receive consistent support to drink enough. The registered manager told us they had systems to review people's fluid intake over a 24-hour period and staff would be alerted when people were below their recommended intake levels. However, a record we reviewed showed a person did not reach their recommended fluid intake on two consecutive days and there had been prolonged periods between this person being offered drinks by staff.
- The food available to people was of good quality and smelt appetising. Although one person told us they did not always enjoy the food available, we found that people seemed to enjoy their meals during our inspection.
- People had choices around what they ate. The provider's rolling menu offered two choices for main meals throughout the day. We observed lunch being served and saw staff checking which option people wanted. Staff provided appropriate support to people to eat their food where needed. The registered manager told us the service had recently worked on improving people's mealtime experiences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had support to monitor nutritional risks using the Malnutrition Universal Screening Tool (MUST). This allowed the service to monitor people's weights effectively to ensure people were not experiencing malnutrition and to seek advice from health care professionals where needed.
- The provider had policies and procedures in place that aligned with legislation and health and social care standards. This meant that staff had access to the information they needed to provide care in line with best practices.

Staff support: induction, training, skills and experience

- Staff received an induction from the provider. The provider told us staff attended a three-day induction via video web conference before they started working at the service.
- Records showed staff received training to support them with their roles. We spoke with staff who told us they completed training online. Staff felt the online training was accessible and helped keep their knowledge up to date.
- Records showed staff had regular supervision and appraisals from the provider. Staff we spoke with confirmed this.
- Staff had opportunities to continue their professional development. For example, the provider told us they supported identified staff members with completing "care home assistant practitioner" training (CHAPS). This training allows staff to safely take on additional responsibilities, which reduces pressure on nurses

within the service. Staff we spoke with confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had support to access healthcare services. Records showed the provider made referrals to health care professionals such as speech and language therapists and the falls team in response to people's changing needs.
- People had opportunities to exercise during planned activities. The provider's activity planner showed people had opportunities to go for walks and participate in activities such as indoor bowling.

Adapting service, design, decoration to meet people's needs

- People were able to spend their time where they wished to. We observed people accessing communal areas of the service freely. We observed some people chose to spend time with other people in their rooms.
- The service was presented to a high standard and well maintained by the provider. Where the provider had identified any areas needing repair or improvement, we found evidence this was actioned.
- People had personalised their rooms to their tastes and interests. We found some people had chosen to put up pictures of their loved ones and displayed items of sentimental value to them.
- There was signage throughout the home accessible to people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were assured the provider was working within the principles of the MCA. Records we reviewed showed the provider had made applications for legal authorisation where people needed to be deprived of their liberty. Furthermore, the provider had systems in place to track authorisations to ensure they were still in date.
- People were able to make their own decisions about health and wellbeing. For example, records showed one person had recommendations from a health care professional to have a modified diet due to swallowing difficulties. However, the person did not want to follow this advice and wanted to make their own decisions. The provider applied the principles of the MCA and confirmed the person had the mental capacity to make this decision. This promoted the person having maximum control over their life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- A number of relatives told us they were dissatisfied with the frequency of personal care support people received. One relative told us, "There seems to be a lack of personal care such as brushing hair or trimming [person's] beard." Another relative told us their family member was not bathed regularly and did not have regular support with cream being applied.
- A person told us they didn't get the regular support they wanted with personal care. They said, "They (staff) can go three to four days without doing it," in relation to having creams applied. However, the provider showed us the person's medicines administration record that documented the person did have support to apply the creams they were prescribed. In addition, the person told us they used to have support to shower every week but found they could go two to three weeks without being supported to have one. The person went on to tell us they missed an activity they wanted to attend because they did not want to miss an opportunity to have a shower.
- People's care plans varied in terms of information about their preferences. Some people's care plans did not include information such as how people liked to spend their day and what was important to them. This meant some people were at risk of not having their preferences understood, especially those who may not have been able to communicate their choices and preferences verbally.

Respecting and promoting people's privacy, dignity and independence

- During our inspection, we observed staff treating people in a kind and caring way.
- The provider's recording systems kept people's personal information secure. The service used an electronic care planning and recording system; information was held on password protected devices.
- Support plans contained information about people's privacy preferences. For example, we reviewed a record showing a person liked privacy when their relatives visited them.

Supporting people to express their views and be involved in making decisions about their care

- The provider facilitated residents' meetings. Records showed residents' meetings took place monthly. The service then produced minutes of the meeting, listing what had been done in response to people's feedback. For example, the meeting minutes we reviewed documented one person wanting improvements to quizzes and the following month's minutes documented them being pleased with the changes made. This contributed to the service improving based on people's views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We found one person did not have their communication needs referenced in their care plan. This was despite information from other professionals documenting the person had a limited ability to articulate themselves, could repeat what was said to them and would struggle to call for help.
- Staff appeared to have a good understanding of communicating with people during interactions we observed. In addition, a member of staff told us they spent time talking to people to understand their likes and dislikes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were not always accurate and up to date. For example, a record showed a person on an extended respite stay did not have documented information about their communication and health-related needs. This meant care plans might not reflect people's current needs.
- Some care plans did consider people's individuality by detailing people's likes and dislikes. However, as cited throughout this report, improvements were needed to ensure that care plans contained enough detail to ensure people's care and support needs were effectively met.
- Staff told us they had access to and read people's care plans. The provider used electronic care plans that staff could access and refer to at any time.
- A relative told us the provider had supported a person to move to the ground floor as they used a wheelchair and the patio doors allowed the person to access the garden.

End of life care and support

- People had plans in place for medical emergencies where people could not make or communicate choices. These were documented on Recommended Summary plan for Emergency Care and Treatment (ReSPECT) forms. Do not attempt cardiopulmonary resuscitation (DNACPR) documentation was also present where applicable. These decisions involved medical professionals and informed staff and attending medical professionals on what to do if a person stops breathing or their heart stops beating. However, we found one person's form contained abbreviations recorded by a medical professional, which may not be fully understood by staff responding to a medical emergency.

- People had end of life care plans in place. This provided information on people's final wishes. For example, one person's records we reviewed stated that they wanted a pain free and peaceful environment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities. The provider produced a monthly activities timetable for residents delivered in a newsletter. The newsletter also contained information about upcoming social and cultural events.
- The provider employed an activities coordinator. We observed the activities coordinator interacting and encouraging people to participate in activities. During our observations, people appeared to enjoy the activities on offer.
- Throughout our inspection, we observed people receiving visits. Visitors were welcome to provide care and support to their relatives. This supported people to maintain relationships and avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had effective complaints policies and processes in place. Complaints were detailed on a log, which the registered manager and organisation's senior managers monitored. Records showed the provider had responded to concerns and complaints and, where appropriate, acknowledged shortfalls and stated what actions they would take to enable improvement.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to ensure mitigation of people's pressure management risks were not effective. As cited in the safe section of the report, people were at increased risk of developing pressure ulcers.
- The provider's processes had not identified and addressed deficiencies we found in care plans and related documentation. As a result, care plans and risk management did not effectively promote people's health, safety and welfare. Improvements to documentation were needed in various areas, including people's communication, support with anxiety and hydration.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, the provider told us they had reviewed their systems and processes in relation to managing pressure-related risks. This included improving their recording systems to generate electronic alerts when people had not been repositioned in time. The provider told us they had introduced systems for monitoring staff files and introduced a documented induction for agency staff. The provider told us a care plan manager would be reviewing all care plans alongside staff and managers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's systems did not fulfil their legal responsibilities to submit statutory notifications to CQC for notifiable events. Records showed the provider had not told CQC about all allegations of abuse. Specifically, the provider had not told us about altercations between people, some of which had led to an injury. The provider told us they had not notified CQC due to not submitting a safeguarding referral to the local authority. CQC monitors information received about services to ensure providers meet regulatory requirements. Information we receive may also help inform us when we next inspect. We will continue to monitor this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All of the relatives we spoke with about the registered manager's visibility told us they had limited interactions with them. For example, one relative told us, "I don't see much of the manager, but I would be

happy to talk to them if I had any concerns." In addition, people gave us mixed feedback about the registered manager; A person told us, "[registered manager] is lovely, very human, always says hello," but another person was disappointed in the response from the registered manager about food concerns. However, since the inspection, the provider evidenced they had taken action in response to this person's concerns.

- In addition, another relative contacted us after the inspection and gave us positive feedback about their experiences with the registered manager. They told us, "I find [registered manager] to be very approachable, she is a good listener, honest and I'm extremely confident that [registered manager] will do exactly what she says she will." They went on to tell us the registered manager is easy to talk to and always has time for people, with the best interests of residents, staff and relatives at heart.
- During our inspection, we found the atmosphere in the service to be warm and welcoming. Our observations of staff interacting with people were positive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had begun to involve people in recruiting new staff. The registered manager showed us an online news article celebrating a person at the service had achieved this.
- Staff had regular opportunities to engage with service managers. Records showed that staff received regular supervisions, appraisals and opportunities to attend team meetings. Staff we spoke with also confirmed they regularly received these opportunities.
- The provider carried out annual satisfaction surveys. Surveys were given to people using the service and their relatives to complete. The provider then analysed the feedback and produced an action plan for improvements. This provided people and relatives opportunities to contribute to improving the service based on their views.

Working in partnership with others Continuous learning and improving care

- There was evidence of the provider working in collaboration with others. Records showed that people had support from external professionals for identified needs. This included access to GPs and speech and language therapists.
- There was evidence the provider worked in partnership with families. For example, a care plan we reviewed documented a person's family member would support the person in attending opticians' appointments.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and processes did not ensure people received safe care and treatment. The provider had failed to mitigate risks relating to people's health.

The enforcement action we took:

Serve Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.

The enforcement action we took:

Serve Warning Notice